

Accident Report Form

Witnesses

Name: _____

Address: _____

Contact number: _____

Insurer: _____

Vehicle registration: _____

Vehicle name & model: _____

Please sketch a simple picture of the accident



Sharon Banville 05391 74163

Sheridan Insurances



Wexford. Kilkenny. New Ross

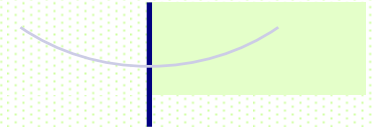
E-mail: info@sheridan.ie

Web: www.sheridan.ie

Tel: 05391 74163



Sheridan Insurances



What to do in the event of a Claim



*Keep this in your glove compartment, you
never know when things can go wrong.*

Tel: 05391 74163

www.sheridan.ie

If you have an Accident, follow our step by step guide

- **Stop**—Stop at the scene. By law you must stop at the scene of an accident
- **Get Help**—Check if any one is hurt and if needed call an ambulance
- **Call the Gardai**— It is crucial to call the Gardai to determine who is at fault and to officially report the accident.
- **Stay Safe**—Ensure the scene is safe. Switch off all engines, turn on hazard lights and alert oncoming traffic about the accident
- **Record Details**—Complete the accident report form at the back of this leaflet. It is best to do this at the time if possible when the information is fresh in your mind.
- **Call Us**—Make sure you notify us of your accident even if you think no claim will arise.



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What we can do for you.....

If you should be unfortunate enough to need to make a claim, Sharon our claims specialist is here to help.

She will act as an intermediary between you and your insurance company. Sharon is qualified to liaise and negotiate on your behalf to make sure you get the best settlement possible.

Our aim is to guide you through the claims process, getting you back on the road with the minimum of fuss.



If your not to blame let us handle your claim

Exclusive to you at Sheridan's

If you are not at fault we will still act on your behalf to ensure you are adequately compensated for your loss. Hussey Fraser solicitors protect handle your claim ensuring you get the maximum settlement whilst protecting your no claims bonus.



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Accident Report Form

Date & Time of Accident: _____

Location of Accident: _____

Brief description of accident: _____

Third parties involved(Including passengers)

Name: _____

Address: _____

Contact number: _____

Insurer: _____

Vehicle registration: _____

Vehicle name & model: _____

Name: _____

Address: _____

Contact number: _____

Insurer: _____

Vehicle registration: _____

Vehicle name & model: _____